



2611/19
CC

AMENDMENT TRANSMITTAL LETTER (LARGE)

Docket No.

A-6284 (191910-1240)

Applicant(s): Jerding, et al.

Serial No.
09/518,041

Filing Date
03/02/2000

Examiner
Demiccio, Matthew R

Confirmation No.
4646

Group Art Unit
2611

Invention: **Apparatus and Method for Providing a Plurality of Interactive Program Guide Initial Arrangements**

Commissioner for Patents
Mail Stop Amendment
P.O. Box 1450
Alexandria VA 22313-1450

RECEIVED

JUN 25 2004

Technology Center 2600

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	40 -	48 =	0	X \$18.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0	X \$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$290.00
EXTENSION FEE	1 ST MONTH <input checked="" type="checkbox"/> 110.00	2 ND MONTH <input type="checkbox"/> 420.00	3 RD MONTH <input type="checkbox"/> 950.00	4 TH MONTH <input type="checkbox"/> 1,480.00	\$110.00
Other Fees:					\$
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$110.00

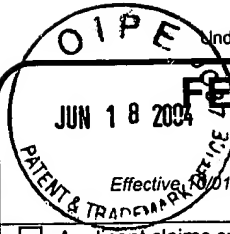
- ☐ No additional fee is required.
- ☐ Please charge Deposit Account No. _____ in the amount of _____
- ☐ A check in the amount of _____ to cover the filing fee is enclosed. A duplicate copy of this page is enclosed.
- ☒ A Credit Card Payment Form PTO-2038 is attached in the amount of \$110.00.
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.

Sami O. Malas

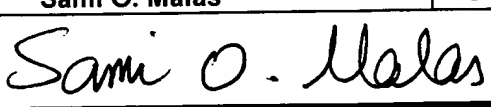
Sami O. Malas, Reg. No. 44,893

6-14-04

Date

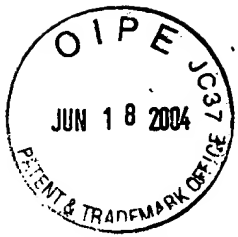
<div style="text-align: center;">  <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2004</h3> <p style="font-size: small;">Effective 10/01/2003. Patent fees are subject to annual revisions.</p> </div> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>TOTAL AMOUNT OF PAYMENT (\$) 110.00</p>	<p style="text-align: center;">Complete If Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>09/518,041</td> </tr> <tr> <td>Filing Date</td> <td>03/02/2000</td> </tr> <tr> <td>First Named Inventor</td> <td>Jerding</td> </tr> <tr> <td>Examiner Name</td> <td>Demicco, Matthew R.</td> </tr> <tr> <td>Group / Art Unit</td> <td>2611</td> </tr> <tr> <td>Attorney Docket No.</td> <td>A-6284 (191910-1240)</td> </tr> </table>	Application Number	09/518,041	Filing Date	03/02/2000	First Named Inventor	Jerding	Examiner Name	Demicco, Matthew R.	Group / Art Unit	2611	Attorney Docket No.	A-6284 (191910-1240)
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<p>METHOD OF PAYMENT (check all that apply)</p> <p> <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None </p> <p><input type="checkbox"/> Deposit Account</p> <p>Deposit Account Number: 20-0778</p> <p>Deposit Account Name: Thomas, Kayden, Horstemeyer Risley, L.L.P.</p> <p>The Commissioner is authorized to: (check all that apply)</p> <p> <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account </p> <p style="text-align: center;">FEE CALCULATION</p> <p>1. BASIC FILING FEE</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>770</td> <td>2001</td> <td>385</td> <td>Utility Filing Fee</td> <td></td> </tr> <tr> <td>1002</td> <td>340</td> <td>2002</td> <td>170</td> <td>Design Filing Fee</td> <td></td> </tr> <tr> <td>1003</td> <td>530</td> <td>2003</td> <td>265</td> <td>Plant Filing Fee</td> <td></td> </tr> <tr> <td>1004</td> <td>770</td> <td>2004</td> <td>385</td> <td>Reissue Filing Fee</td> <td></td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> <td>Provisional Filing Fee</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;">SUBTOTAL (1)</td> <td>(\$)</td> </tr> </tbody> </table> <p>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Large Entity</th> <th>Small Entity</th> <th>Extra Claims</th> <th>Fee From Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>40</td> <td>- 48** =</td> <td>0</td> <td>X 18.00</td> <td>= 0.00</td> </tr> <tr> <td>Independent Claims</td> <td>3</td> <td>- 3** =</td> <td>0</td> <td>X 86.00</td> <td>= 0.00</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td>145.00</td> <td>=</td> </tr> <tr> <td colspan="5" style="text-align: right;">SUBTOTAL (2)</td> <td>(\$0.00)</td> </tr> </tbody> </table> <p><small>**or number previously paid, if greater; For Reissues, see above</small></p>	Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid	1001	770	2001	385	Utility Filing Fee		1002	340	2002	170	Design Filing Fee		1003	530	2003	265	Plant Filing Fee		1004	770	2004	385	Reissue Filing Fee		1005	160	2005	80	Provisional Filing Fee		SUBTOTAL (1)					(\$)		Large Entity	Small Entity	Extra Claims	Fee From Below	Fee Paid	Total Claims	40	- 48** =	0	X 18.00	= 0.00	Independent Claims	3	- 3** =	0	X 86.00	= 0.00	Multiple Dependent				145.00	=	SUBTOTAL (2)					(\$0.00)	<p>3. 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SUBMITTED BY		Complete (if applicable)	
Typed or Printed Name: Sami O. Malas Signature: 	Registration No.: 44,893	Telephone Number: 770-933-9500	Date: 06-14-2004

WARNING: Information on this form may become public. Credit Card information should not be included on this form. Provide credit card information and authorization on PTO-2038

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 37 USC 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Jerding , D.F. et al.

Serial No.: 09/518,041

Filed: March 2, 2000

For: **Apparatus and Method For Providing
A Plurality of Interactive Program Guide
Initial Arrangements**

Group Art Unit: 2697

Examiner: Demicco, M.R.

Docket No. A-6284 (191910-1240)

RESPONSE TO OFFICE ACTION (WITH AMENDMENTS)

RECEIVED

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

JUN 2 5 2004

Technology Center 2600

Sir:

The Office Action mailed February 11, 2004 has been carefully considered. In response thereto, please enter the following amendments and consider the following remarks.

AUTHORIZATION TO DEBIT ACCOUNT

It is not believed that extensions of time or fees for net addition of claims are required, beyond those which may otherwise be provided for in documents accompanying this paper. However, in the event that additional extensions of time are necessary to allow consideration of this paper, such extensions are hereby petitioned under 37 C.F.R. § 1.136(a), and any fees required therefor (including fees for net addition of claims) are hereby authorized to be charged to deposit account No. 02-0778.